



United States  
Environmental Protection Agency  
Washington, DC 20460

☒ Registration  
☐ Amendment  
☐ Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number 96727-R	2. EPA Product Manager Lindsay Roe	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Longhorn	PM# 22	
5. Name and Address of Applicant (Include ZIP Code) Heritage Life Science, LLC c/o Product & Regulatory Associates, LLC 8595 Collier Blvd. Suite 107-51 Naples, <input type="checkbox"/> FL 34114 <input type="checkbox"/> Check if this is a new address	6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. <input type="text"/> Product Name <input type="text"/>	

### Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

Application for Pesticide Registration of New Product, PRIA Category R300 New Product, 100% Re-package of a registered end-use product.  
PRIA Fee \$1,662.00

### Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container
		3 oz.	4
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(s) Retail Container 5, 15, 55 gallons	
		5. Location of Label Directions <input checked="" type="checkbox"/> On container	
6. Manner in Which Label is Affixed to Product		<input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____	

### Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name John F. Wright		Title Authorized Representative	
		Telephone No. (Include Area Code) 609.841.8288	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Authorized Representative	
4. Typed Name John F. Wright		5. Date 5/29/20	